

**Supplemental Application Data Sheet**

**Application Information**

<b>Application Number::</b>	10/523,897
<b>Filing Date::</b>	February 4, 2005
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?:</b>	
<b>Title::</b>	BALLOON CATHETER WITH RADIOOPAQUE MARKER
<b>Attorney Docket Number::</b>	31698-1800
<b>Request for Early Publication?:</b>	No
<b>Request for Non-Publication?:</b>	No
<b>Suggested Drawing Figure::</b>	Fig. 1
<b>Total Drawing Sheets::</b>	2
<b>Small Entity?:</b>	No
<b>Secrecy Order in Parent Appl.?:</b>	No

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	Germany
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Boris
<b>Middle Name::</b>	
<b>Family Name::</b>	Warnack
<b>City of Residence::</b>	
<b>State or Province of Residence::</b>	
<b>Country of Residence::</b>	
<b>Street of mailing address::</b>	<del>Hirrlinger Str. 2</del> 1105 Carlos Privada
<b>City of mailing address::</b>	<del>Rangendingen</del> -Mountain View
<b>State or Province of mailing address::</b>	<u>California</u>
<b>Country of mailing address::</b>	<del>Germany</del> USA
<b>Postal or Zip Code of mailing address::</b>	<del>72414</del> 94040

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	Switzerland
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Suk-Woo
<b>Middle Name::</b>	
<b>Family Name::</b>	Ha
<b>City of Residence::</b>	
<b>State or Province of Residence::</b>	
<b>Country of Residence::</b>	Marthalen
<b>Street of mailing address::</b>	Tucteweg 8
<b>City of mailing address::</b>	Marthalen
<b>State or Province of mailing address::</b>	

**Country of mailing address::** Switzerland  
**Postal or Zip Code of mailing address::** 8460

**Correspondence Information**

**Correspondence Customer Number::** ~~35023~~-71040  
**Name::**  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Postal or Zip Code of mailing address::**  
**Phone number::**  
**Fax Number::**  
**E-Mail address::**

**Representative Information**

<b>Representative Customer Number::</b>	<del>35023</del> -71040	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	National Stage of	PCT/EP2003/008493	07/31/03

**Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Europe	02017547.7	08/06/02	YES

**Assignee Information**

**Assignee name::** ABBOTT LABORATORIES VASCULAR  
ENTERPRISES LIMITED

**Street of mailing address::** Earlsfort Center, Terrace

**City of mailing address::** Dublin

**State or Province of mailing address::**

**Country of mailing address::** Ireland

**Postal or Zip Code of mailing address::** 2

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